## MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Patient Monitoring	Related Policies: Suicidal Patients	
Policy Number: CTP29	Standards/Statutes: ARM 37.27.130	
Effective Date: June 7, 2005	Page 1 of 3	

**PURPOSE**: To define the protocol for monitoring patients.

**POLICY:** It is the programs responsibility to monitor patients to insure their safety.

PROCEDURE: Staff on each shift will monitor all patients according to the following guidelines

- I. Treatment Specialists are expected to be on the floors observing and interacting with patients not simply stationed behind the nursing station.
- II. The floor rounds will serve as a deterrent to negative behaviors and problems, and this will be an opportunity to intervene early in the process of any developing negative situations, or a time to support positive behaviors
  - A. All significant interactions will be documented in the patient's chart.
  - B. All significant events will be documented in the shift log.
- III. Security checks are to be done while the staff is on the floor to ensure doors are locked if applicable, and check for any safety violations etc.
- IV. Night shift must observe the patient in bed and confirm the patient is present.
  - A. Treatment Specialists on night shift will do security checks of the building and grounds.
  - B. Anything unusual will be reported to the nurse on duty and documented in the shift log
- V. Special needs patients
  - a. Patients with special needs may be monitored more closely i. e. Patients with aggressive or assaultive behaviors, suicidal and/or para suicidal behaviors, cognitively impairments, etc.

- 1. A multidisciplinary team meeting will be held with the staff on shift to decide the best course of action, which will be incorporated into the individualized treatment plan.
- 2. The following list are suggested as treatment plan interventions but are not limited to just these:
  - a. Develop a specific behavioral contract to address behaviors i.e. no harm, no violence etc.
  - b. Request patient to remain in a supervised area i.e. across from nursing station, detox medical bedroom or other high traffic areas.
  - c. Utilize peer support buddy/roommate system.
  - d. Ask patient to shadow a staff member.
  - e. Request patient to turn in items that maybe use for self-harm.
  - f. Conduct a room search for contraband
  - g. Notify doctor for orders for safety check duration to be determined by behavioral concerns i.e. 1 to 1, 15 minutes, 30 minutes etc.
  - h. Keep patient in direct line of staff sight.
  - i. Request the patient check in with staff periodically
  - Notify Mental Health Supervisor, Clinical Supervisor, and Nursing Supervisor to request additional input the need to call out an additional staff or the Crisis Response Team.

Revisions:		
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